



Government of the District of Columbia  
DEPARTMENT OF HUMAN SERVICES  
INCOME MAINTENANCE ADMINISTRATION

**CITIZEN/ALIENAGE DECLARATION**

I certify under penalty of perjury, by signing my name below, that I am an adult U.S. citizen, U.S. national, or qualified alien. Also, I certify that the information on this form is true and that each member of the household who is applying for benefits listed below is a citizen or qualified alien.

Please note that only information regarding household members applying for benefits is required on this form.

Name	Citizen or Alien	Date of Birth	SSN#	Disabled (Y/N)	Alien #	Verification #

**Signature of Adult** \_\_\_\_\_

Worker \_\_\_\_\_ Cert. Location \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Case Number \_\_\_\_\_